



**Farmers' Market Nutrition Program**  
**Division of Public Assistance/WIC**  
**130 Seward Street, Room 508**  
**Juneau, AK 99801 Phone: 465-3100**

## **TWO YEAR APPLICATION**

This application covers the periods of:  
June 1 – October 31, 2014 and  
June 1 – October 31, 2015



## **WIC/FMNP/SFMNP – FARMERS' MARKET APPLICATION**

Market Name \_\_\_\_\_ Physical Location \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Manager/Contact Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Type of Market Organization: \_\_\_\_\_ cooperative \_\_\_\_\_ corporation \_\_\_\_\_ other (specify)

### **Expected Dates and Hours of Market Operation:**

Season starts \_\_\_\_\_ Season Ends \_\_\_\_\_

Days of Week

Hours Open

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **List of FVV/FMNP/SFMNP farmers expected to sell produce at the market:**

*(Individual farmers must submit applications to the Alaska WIC Program and, if approved as an FVV/FMNP/SFMNP vendor, sign a vendor agreement.) Use the back of this sheet to list additional farmers.*

Name of Farm	Owner Name(s)	Phone Number

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